



A Div. of Sara Lee Corp.

# FINE MEAT SPECIALTIES



March 16, 1995

Ms. Amy Leech  
Alameda County  
Department of Environmental Health  
80 Swan Way, Rm 200  
Oakland, CA 94621

Subject: **Preliminary Site Assessment**  
**2411 Baumann Avenue**  
**San Lorenzo, CA**

Dear Amy,

Please find enclosed copies of the Uniform Hazardous Waste Manifests for the two tanks and the rinsate when the Underground Storage Tanks were removed from the property.

If you have any questions, please give me a call at (510) 276-1300.

Thank you for assisting us in completing the final requirements to clear this site.

Sincerely,

Daryl Melville

cc: Al Garcia

Enclosures

DM/dm

4096

**UNIFORM HAZARDOUS WASTE MANIFEST**

Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

CAC0000522130002

3. Generator's Name and Mailing Address

BARBARA CAPELL SALAMI  
 2411 BAUMANN AVE., SAN LORENZO 94580  
 4. Generator's Phone 415 276 1300

A. State Manifest Document Number

87024988

B. State Generator's ID

6. Transporter 1 Company Name

ERICKSON TRUCKING INC. CAD0009466392

6. US EPA ID Number

8. US EPA ID Number

7. Transporter 2 Company Name

9. Designated Facility Name and Site Address

ERICKSON TRUCKING  
 245 W. 14TH ST.  
 RICHMOND, CA 94801 CAD0009466392

10. US EPA ID Number

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

HAZARDOUS WASTE STORAGE TANKS  
 HAZARDOUS WASTE ONLY QUANTITY 0515 P

12. Containers Type

13. Total Quantity

Special Handling Instructions and Additional Information

**GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by their proper name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway in accordance with international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the maximum extent determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

DARIL F. MEVILLE

Signature

*Daril F. Meville*

Month Day Year

11/21/87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Gene HARSHA

Signature

*Gene Harsha*

Month Day Year

11/21/87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

Printed/Typed Name

Shannon Lowry

Signature

*Shannon Lowry*

Month Day Year

11/21/87

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

IN CASE OF AN EMERGENCY, CALL 800-424-9888

FACILITY

Please print or type. (Form designed for use on elite (4) typewriter).

4096

**UNIFORM HAZARDOUS WASTE MANIFEST**

Generator's US EPA ID No. **CACD000522130003**  
Manifest Document No. **00003**

2. Page 1 of Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address  
**Galileo Lopez Salami**  
**2411 BAUMANN AVE, SAN LORENZO 94580**  
4. Generator's Phone **415 276 1300**

A. State Manifest Document Number  
**87621065**

5. Transporter 1 Company Name  
**ERICKSON TRUCKING INC**  
6. US EPA ID Number  
**CAD009466392**

B. State Generator's ID  
**11522**

7. Transporter 2 Company Name  
8. US EPA ID Number

C. State Transporter's ID  
**901271**

9. Designated Facility Name and Site Address  
**ERICKSON INC**  
**2411 BAUMANN AVE**  
**SAN LORENZO, CA 94580**  
10. US EPA ID Number  
**CAD009466392**

D. Transporter's Phone  
**415 276 1300**

E. State Transporter's ID  
**11522**

11. DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers		13. Total Quantity	14. Unit
	No.	Type		
<b>55 GALLON STEEL DRUMS CONTAINING REGULATED WASTE OIL</b>	<b>001</b>	<b>TR</b>	<b>57.00</b>	<b>F</b>
<b>55 GALLON STEEL DRUMS CONTAINING REGULATED WASTE OIL</b>	<b>01</b>	<b>DR</b>	<b>57.00</b>	<b>F</b>

15. Special Handling Instructions and Additional Information  
**e 7.3 #/gallon - 24 gallons**

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in, all respects in proper condition for transport by highway according to applicable international and national government regulations.  
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future hazard to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name **DARYL F. MELWILLE** Signature *Daryl Melville* Month Day Year **11/21/87**

17. Transporter 1 Acknowledgement of Receipt of Materials  
Printed/Typed Name **JERRY E. BROWN** Signature *Jerry E. Brown* Month Day Year **11/21/87**

18. Transporter 2 Acknowledgement of Receipt of Materials  
Printed/Typed Name \_\_\_\_\_ Signature \_\_\_\_\_ Month Day Year \_\_\_\_\_

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.  
Printed/Typed Name **Shannon Lowry** Signature *Shannon Lowry* Month Day Year **11/21/87**

Please print or type. (Form designed for use on elite (dot-matrix) typewriter).

PC19-6128

# UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No. **CAC000052213**  
Manifest Document No. **9999**

2. Page 1  
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address  
**GALILEO LABORATORIES INC**  
**2411 FAIRMOUNT AVE**  
**SUNNYVALE, CA 94134**

4. Generator's Phone (Area) **276 1305**

5. Transporter 1 Company Name  
**Carroll Erickson**

6. US EPA ID Number  
**CA0009466392**

7. Transporter 2 Company Name

8. US EPA ID Number

A. State Manifest Document Number  
**87632725**

B. State Generator's ID

C. State Transporter's ID  
**871211**

D. Transporter's Phone  
**415 2351093**

E. State Transporter's ID

F. Transporter's Phone

G. State Transporter's ID

9. Designated Facility Name and Site Address  
**W-H SHIP SERVICES**  
**100 CHINA BASIN ST.**  
**SAN FRANCISCO, CA 94107**

10. US EPA ID Number  
**AD004791168**

11. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers		13. Total Quantity	14. Unit (kg/Lb)
	No.	Type		
<b>WASTE, COMBUSTIBLE LIQUID LESS THAN 10%</b>				
<b>COMBUSTIBLE LIQUID NA 1993</b>	<b>00177</b>		<b>9950</b>	

15. Special Handling Instructions and Additional Information  
**GLOVES AND GOGGLES \* 657 gallons @ 7.3/gallon = 2.4 tons**

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  
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Printed/Typed Name: **DARYL F. McWILLIE** Signature: *Daryl McWille* Month Day Year: **11 24 98 97**

17. Transporter 1 Acknowledgment of Receipt of Materials  
Printed/Typed Name: **Bill Boylan** Signature: *Bill Boylan* Month Day Year: **11 20 98 97**

18. Transporter 2 Acknowledgment of Receipt of Materials  
Printed/Typed Name: Signature: Month Day Year:

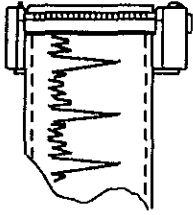
19. Discrepancy Indication Space  
**HFH**  
**San Francisco**

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.  
Printed/Typed Name: **PETER YIMBO** Signature: *Peter O Yimbo* Month Day Year: **11 20 98 97**

TRANSPORTER FACILITY

ENVIRONMENTAL  
PROTECTION

95 MAR 21 AM 8:13



Chemist Enterprises  
333-B Camino Verde  
Boulder Creek, California 95006  
ph. (408) 338-0198

ALCO  
HAZMAT

94 DEC 27 PM 3: 30

December 23, 1994

Amy Leech  
Hazardous Materials Specialist  
Alameda County Health Care Services Agency  
Department of Environmental Health  
1131 Harbor Bay Parkway, 2nd Floor  
Alameda, CA 94502-6577

Dear Ms. Leech:

As you requested, enclosed is a photocopy of Method ASTM D2488 for soils classification.

We managed to get most of the samples and you'll be seeing our report next month.

Thank you for meeting us at Gallo Salame. We hope to see you again there, or perhaps at other sites.

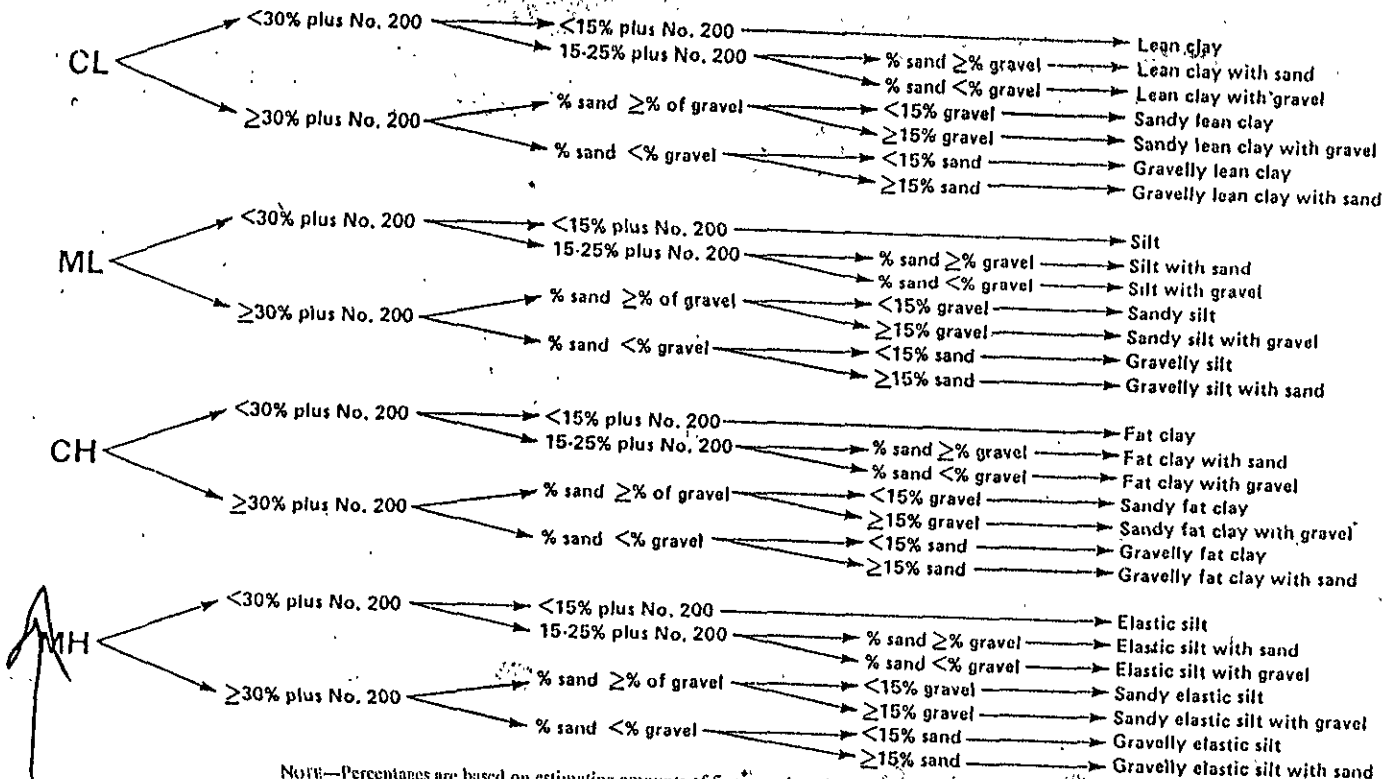
Sincerely yours,

Tom Price  
Project Manager

Bob Baker

GROUP SYMBOL

GROUP NAME



Note: Percentages are based on estimating amounts of fines, sand, and gravel to the nearest 5%.

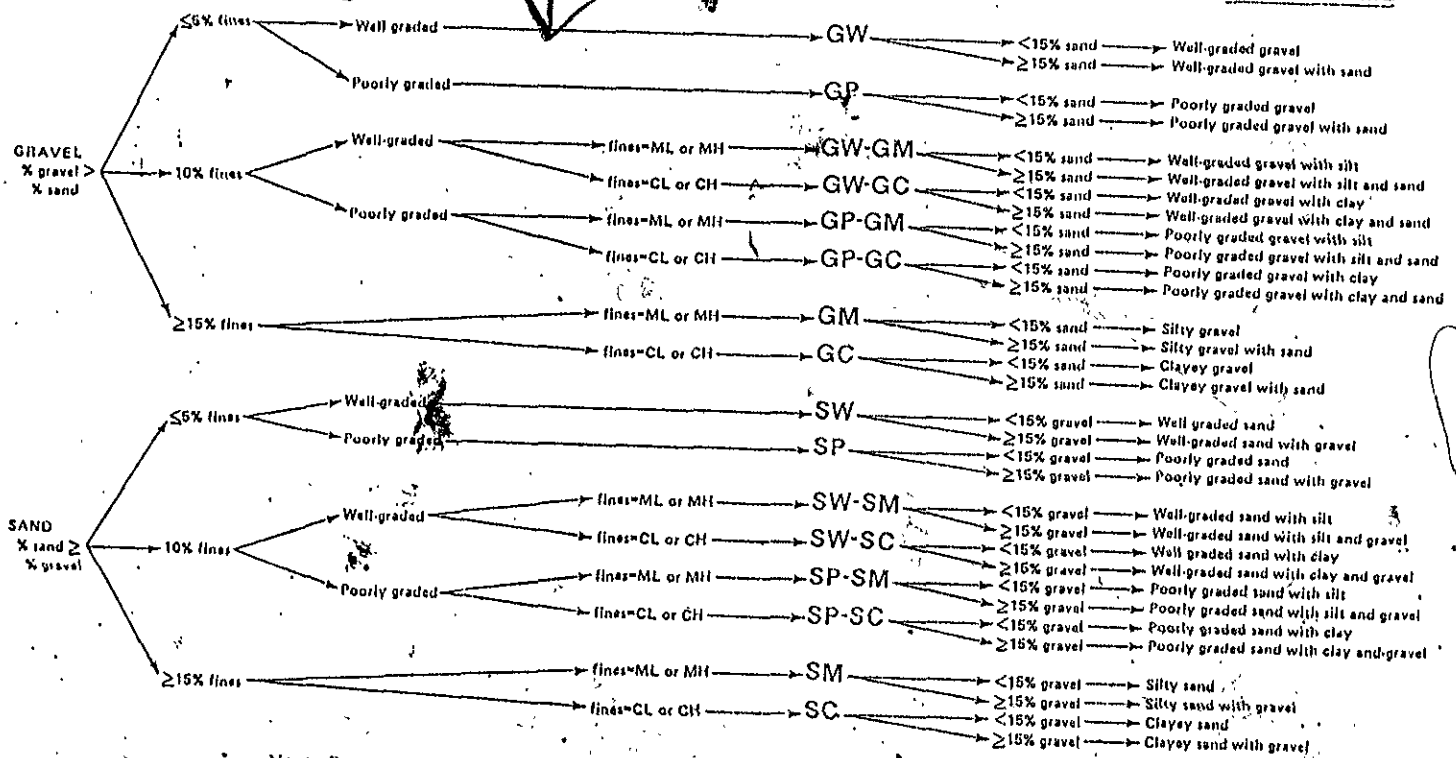
FIG. 1a Flow Chart for Identifying Inorganic Fine-Grained Soil (50% or more fines)

> 50% passing # 200

< 50% passing # 200

GROUP SYMBOL

GROUP NAME



Note: Percentages are based on estimating amounts of fines, sand, and gravel to the nearest 5%.

FIG. 1b Flow Chart for Identifying Coarse-Grained Soils (less than 50% fines)

Sandy fat CLAY, pg #, value chroma, water content, consistency

D 2488

D 2488



ALAMEDA COUNTY, DEPARTMENT OF  
ENVIRONMENTAL HEALTH  
Hazardous Materials Inspection Form

II, III

white -env.health  
yellow -facility  
pink -files

Site ID # \_\_\_\_\_ Site Name Hallo Salame Today's Date 12/21/94

Site Address 2411 Cauffman Ave  
San Lorenzo  
City San Lorenzo Zip 94580 Phone \_\_\_\_\_

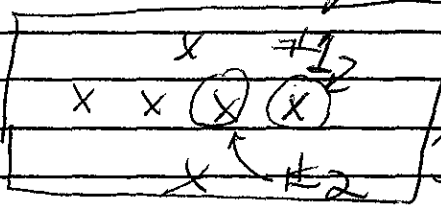
MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

Inspection Categories:  
I. Haz. Mat/Waste GENERATOR/TRANSPORTER  
II. Business Plans, Acute Hazardous Materials  
III. Underground Tanks

Callf. Administration Code (CAC) or the Health & Safety Code (HS&C)

Comments: Tom Price w/ Chemist Enterprises  
Boring # 1 + Bob Baker w/ Geologic Services  
R. Reg. Eng. Geologist were on-site  
6.5 ft groundwater ~~encountered~~ to complete  
Soil sample taken @ gw interface - sample  
was very wet.  
HW depth measured 4.5 ft

Boring # 2  
3.8 ft gw ~~encountered~~ - all material was  
backfill (1" per gravel + sand)  
Could not take a soil sample or a gw  
sample. Consultant indicated a hydro-punch  
would be used but he did not have  
one available today. They would  
proceed w/ other  
"perimeter" borings  
today + most  
likely return  
tomorrow



work plan dated 11/17/94

II.A BUSINESS PLANS (Title 19)

- 1. Immediate Reporting 2703
- 2. Bus. Plan Stds 25503(b)
- 3. RR Cars > 30 days 25503.7
- 4. Inventory Information 25504(a)
- 5. Inventory Complete 2730
- 6. Emergency Response 25504(b)
- 7. Training 25504(c)
- 8. Deficiency 25505(a)
- 9. Modification 25505(b)

II.B ACUTELY HAZ. MATLS

- 10. Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
- 12. RMPP Contents 25534(c)
- 13. Implement Sch. Req'd? (Y/N)
- 14. OffSite Conseq. Assess. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(m)

Monitoring for Existing Tanks  
Real Estate Evaluations • Consulting Services  
**Bob Baker GEOLOGIC SERVICES**  
California Registered Geologist  
Certified Engineering Geologist  
14615 West Park Avenue Boulder Creek, CA 95006  
(408) 338-3479

- Older
- 7. Precs Tank Test Date: 2643
  - 8. Inventory Rec. 2644
  - 9. Soil Testing . 2646
  - 10. Ground Water. 2647

- New Tanks
- 11. Monitor Plan 2632
  - 12. Access Secure 2634
  - 13. Plans Submit 2711
  - 14. As Built Date: 2635

Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_

Inspector: A.L. Leech  
Signature: [Signature]

II, III



ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH  
State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program  
80 Swan Way, Rm 200  
Oakland, CA 94621  
(510) 271-4530

StID 1784

December 6, 1994

Daryl Melville  
Gallo Salame  
2411 Baumann Ave  
San Lorenzo CA 94580

Re: Preliminary Site Assessment (PSA) Work Plan for investigations at Gallo Salame located at 2411 Baumann Ave., San Lorenzo, California.

Dear Mr. Melville:

This office has reviewed Chemist Enterprises' work plan, dated November 17, 1994. This work plan is acceptable to this office provided that the following items are included:

- o Submit a copy of the "Health and Safety Plan" for this work to this office.
- o In addition to the proposed chemical analyses, at least one soil and water sample taken from around the location of the former gasoline tank pit should be analyzed for total lead.
- o Submit a schedule or notify me when work is to commence. The PSA report must be submitted within 45 days after work is completed at the site.

Please be aware that should grab ground water samples reveal unacceptable levels of contaminants, then the installation of permanent monitoring wells and quarterly monitoring may be required.

Please notify me at (510)567-6755 as soon as you know what day the work is scheduled to begin and if you have any questions or comments.

Sincerely,

Amy Leech  
Hazardous Materials Specialist

Melville  
Gallo Salame  
December 6, 1994  
page 2 of 2

cc: Tom Price  
Chemist Enterprises  
333-B Camino Verde  
Boulder Creek CA 95006

Edgar Howell:file(ALL)

lop\1784.psa

# UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT

<b>EMERGENCY</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>FOR LOCAL AGENCY USE ONLY</b> I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.		
<b>REPORT DATE</b> 1/10/94		<b>CASE #</b> 1524		SIGNED: [Signature] DATE: 1/28/94		
REPORTED BY	<b>NAME OF INDIVIDUAL FILING REPORT</b> Tom Price		<b>PHONE</b> (408) 338-0198		<b>SIGNATURE</b> Tom Price	
	<b>REPRESENTING</b> <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		<b>COMPANY OR AGENCY NAME</b> dba Chemist Enterprises			
RESPONSIBLE PARTY	<b>ADDRESS</b> 333-B Camino Verde		<b>CITY</b> Boulder Creek		<b>STATE</b> CA	
	<b>STREET</b> 333-B Camino Verde		<b>CITY</b> Boulder Creek		<b>STATE</b> CA	
SITE LOCATION	<b>NAME</b> Gallo Salame		<b>CONTACT PERSON</b> Daryl Melville		<b>PHONE</b> (510) 276-1300	
	<b>ADDRESS</b> 2411 Baumann Avenue		<b>CITY</b> San Lorenzo		<b>STATE</b> CA	
IMPLEMENTING AGENCIES	<b>LOCAL AGENCY</b> Alameda County Dept. Env. Health		<b>CONTACT PERSON</b> Eva Chu		<b>PHONE</b> (510) 567-6783	
	<b>REGIONAL BOARD</b> San Francisco		<b>CONTACT PERSON</b> Kevin Graves		<b>PHONE</b> (510) 286-1255	
SUBSTANCES INVOLVED	<b>(1) NAME</b> Gasoline				<b>QUANTITY LOST (GALLONS)</b> <input checked="" type="checkbox"/> UNKNOWN	
	<b>(2) NAME</b> Diesel				<b>QUANTITY LOST (GALLONS)</b> <input checked="" type="checkbox"/> UNKNOWN	
DISCOVERY/ABATEMENT	<b>DATE DISCOVERED</b> 1/21/87		<b>HOW DISCOVERED</b> <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER			
	<b>DATE DISCHARGE BEGAN</b> <input checked="" type="checkbox"/> UNKNOWN		<b>METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)</b> <input type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER			
SOURCE/ CAUSE	<b>SOURCE OF DISCHARGE</b> <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		<b>CAUSE(S)</b> <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			
	<b>CHECK ONE ONLY</b> <input type="checkbox"/> UNDETERMINED <input checked="" type="checkbox"/> SOIL ONLY <input checked="" type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
CURRENT STATUS	<b>CHECK ONE ONLY</b> <input type="checkbox"/> NO ACTION TAKEN <input checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	<b>CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS)</b> <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input checked="" type="checkbox"/> OTHER (OT) <u>PENDING RECOMENDATION of PSA</u>					
COMMENTS	This report submitted concurrent with Preliminary Site Assessment Workplan to Alameda County Department of Environmental Health.					

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

StID 1784

October 3, 1994

Mr. Daryl Melville  
Gallo Salame  
2411 Baumann Ave  
San Lorenzo, CA 94580

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Division  
1131 HARBOR BAY PKWY., #250  
ALAMEDA CA 94502-6577  
(510)567-6700

RE: PSA for Gallo Salame, 2411 Baumann Ave, San Lorenzo 94580

Dear Mr. Melville:

When two underground storage tanks (10K gasoline, 10K diesel) were removed from the above referenced site in December 11, 1987, soil samples collected did not exhibit elevated levels of petroleum hydrocarbons. However, a groundwater grab sample detected up to 910 parts per billion total petroleum hydrocarbons as gasoline (ppb TPH-G) and 600 ppb TPH as diesel.

At this time, additional investigations are required to delineate the extent of soil and groundwater contamination, if any, beneath this site. Such an investigation shall be in the form of a **Preliminary Site Assessment**, or PSA. The information gathered by the PSA will be used to determine an appropriate course of action to remediate the site, if deemed necessary. The PSA must be conducted in accordance with the RWQCB Staff Recommendations for the Initial Evaluation and Investigation of Underground Tanks, and Article 11 of Title 23, California Code of Regulations. The major elements of such an investigation are summarized in the attached Appendix A. The PSA proposal is due within 45 days of the date of this letter, or **by November 18, 1994**.

Please be advised that this is a formal request for technical reports pursuant to Title 23, CCR, Section 2722(c). Any extensions of the stated deadlines, or modifications of the required tasks, must be confirmed in writing by this agency.

Should you have any questions about the content of this letter, please contact me at (510) 567-6762.

A handwritten signature in cursive script, appearing to read 'Eva Chu'.

eva chu  
Hazardous Materials Specialist

enclosure

cc: files (gallo.1)

LOP RECORD CHANGE REQUEST FORM

printed:  
05/31/95

Mark Out What Needs Changing and Hand to LOP Data Entry  
(Name/Address changes go to Annual Programs Data Entry)

Insp: ALL

AGENCY # : 10000      SOURCE OF FUNDS: F      SUBSTANCE: 8006619  
 StID : 1784      LOC:  
 SITE NAME: Gallo Salami      DATE REPORTED : 12/21/87  
 ADDRESS : 2411 Bauman Ave      DATE CONFIRMED: 12/21/87  
 CITY/ZIP : San Lorenzo 94580      MULTIPLE RPs : N

SITE STATUS

CASE TYPE: G      CONTRACT STATUS: 4      PRIOR CODE:2A4      EMERGENCY RESP:  
 RP SEARCH: S      DATE COMPLETED: 09/29/94  
 PRELIMINARY ASMNT:      DATE UNDERWAY:      DATE COMPLETED:  
 REM INVESTIGATION:      DATE UNDERWAY:      DATE COMPLETED:  
 REMEDIAL ACTION:      DATE UNDERWAY:      DATE COMPLETED:  
 POST REMED ACT MON:      DATE UNDERWAY:      DATE COMPLETED:

ENFORCEMENT ACTION TYPE: 1      DATE ENFORCEMENT ACTION TAKEN: 09/30/94  
 LUFT FIELD MANUAL CONSID:  
 CASE CLOSED: C      DATE CASE CLOSED: 05/16/95  
 DATE EXCAVATION STARTED :      REMEDIAL ACTIONS TAKEN:

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Attn. Daryl Melville  
 COMPANY NAME: Sara Lee Corp/gallo Salame  
 ADDRESS: 2411 Baumann Ave  
 CITY/STATE: San Lorenzo, Ca 94580

INSPECTOR VERIFICATION:

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DATA ENTRY INPUT:

Name/Address Changes Only			Case Progress Changes		
ANNPMS _____	LOP _____	DATE _____	LOP _____	DATE _____	







ALAMEDA COUNTY  
HEALTH CARE SERVICES

DAVID J. KEARS AGENCY

~~XXXXXXXXXXXX~~ Agency Director



470-27th Street, Third Floor  
Oakland, California 94612  
(415)874-7237

December 7, 1987

Mr. Charles S. Campanella  
Chas. S. Campanella, Inc.  
5401 San Leandro Street  
Oakland, CA 94601

Dear Mr. Campanella:

Your closure plan dated December 3, 1987, for the closure of two gasoline tanks at Gallo Salame, 2411 Baumann Ave., San Lorenzo, has been reviewed. In general, the plan is acceptable, but a health and safety plan must be submitted before it is considered a complete plan.

Please submit this plan before commencing work or have it at the job site.

If you have any questions, please contact Larry Seto, Hazardous Materials Specialist, at 874-7237.

Sincerely,

Rafat A. Shahid, Chief,  
Hazardous Materials Division

RAS:LS:mnc

cc: Pete Johnson, RWQCB

CHAS. S. CAMPANELLA, INC.

**BUILDING DEMOLITION**

December 7, 1987



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5401 SAN LEANDRO STREET, OAKLAND, CALIFORNIA 94601 (415)-536-4800

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Alameda County Health Agency  
Division of Hazardous Materials  
470 27th Street, Room 322  
Oakland, Ca 94612

Attn: Lawrence Seto

Dear Sir;

Per your request December 4, 1987 for a Workers Health and Safety Plan applicable to our fuel tank removal contract at 2411 Baumann Avenue, San Lorenzo, all Charles S. Campanella employees present will wear work boots and gloves, safety glasses and hard hats.

Should you have further questions please contact me.

Charles S. Campanella

CHAS. S. CAMPANELLA, INC.

BUILDING DEMOLITION



December 3, 1987

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5401 SAN LEANDRO STREET, OAKLAND, CALIFORNIA 94601 (415)-536-4800

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Alameda County Health Agency  
Division of Hazardous Materials  
470 27th Street, Rm 322  
Oakland, Ca 94612

Dear Sirs,

Charles S. Campanella, Inc. has been contracted to remove two 10,000 gallon gasoline tanks from Gallo Salame, 2411 Baumann Ave, San Lorenzo, Ca 94580.

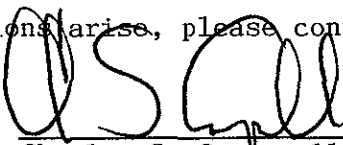
Residual product, rinsate, cleaning and tank disposal will be handled by Oscar Erickson, 255 Parr Blvd, Richmond Ca 94801.

Blaine Tech Services, P.O Box 5745, San Jose, Ca 95150 will conduct on site soil sampling for Hydrocarbon and BTX+E under and adjacent to the two tanks as well as along every 20 lineal feet of below grade product piping. Sequoia Analytical Laboratory, 2549 Middlefield Rd., Redwood City, Ca 94063 will perform Lab analysis on samples submitted. All regulatory agencies will be provided with analysis reports.

A permit has been obtained from Eden Consolidated Fire Protection District and we will provide a minimum 48 hour advance notice prior to excavation to all regulatory agencies.

We have enclosed a site map to geographically locate the two product fill pipes.

Should further questions arise, please contact me 6:30 AM to 5:00 PM dailey.



Charles S. Campanella, Inc.

cc Eden Consolodate Fire District  
Gallo Salame  
Blaine Tech Services